

**RISK MANAGEMENT WORKERS COMPENSATION
PREMIUM DISCOUNT APPLICATION**

STATE OF NORTH DAKOTA

SFN 53425 (04-2007)

SUBMISSION DEADLINE MAY 1

Agency/Facility	Date	
COMPLIANCE QUESTIONS:	YES	NO
1. Does your agency/facility have a Safety Policy signed by top management identifying responsibilities of management and employees for ensuring a safe workplace and is the policy reviewed with all employees annually?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your agency/facility developed written safety guidelines for procedures and tasks involving recognized hazards?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is an annual inspection of your agency/facility workplace conducted?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your agency/facility developed a list of essential job functions for each job category?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your agency/facility established a written training program educating employees on general safety rules, safe operating procedures, ergonomics, and claims management principles?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your agency/facility implemented an effective claims management program including the designated medical provider and transitional duty as required?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your agency/facility implemented an effective claims program including on-line filing of 90% of workers compensation claims?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your agency/facility filed at least 90% of Workers Compensation incidents on-line with Risk Management within 24 hours of notice of injury?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your agency/facility developed procedures for investigating all accidents and "near misses/incidents"?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your agency/facility developed an ergonomic action plan/program that meets the criteria as established by the RMWCP for FY 2007?	<input type="checkbox"/>	<input type="checkbox"/>

(NOTE: Total potential discount of 20% - Affirmatively answering questions 1, 2, and 3 entitles your agency/facility to a 2% premium discount. Affirmatively answering questions 4 and 5 entitles your agency/facility to a 2% discount. Affirmatively answering question 6 entitles your agency/facility to a 5% discount. Affirmatively answering questions 7, 8, and 9 provides an additional 5%. Affirmatively answering question 10 provides an additional 6% discount.)

BONUS 2% Discount - Applies Only to Years Risk Management Hosts a Seminar		
Did the agency/facility Workers Compensation contact or active member of the Loss Control Committee attend the Risk Management Seminar?	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Signed	Job Title
Please Print Name	Telephone Number